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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. DELE.001US1 First Named Inventor or Application Identifier Edward M. Granger Title Refractive-Diffractive Spectrometer Express Mail Label No. EV 321 716 647 US										
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Box Patent Application P. O. Box 1450, Alexandria, VA 22313-1450										
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing) 2. Application: <input checked="" type="checkbox"/> Specification: Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (12 pages) <input checked="" type="checkbox"/> Claim(s) (6 pages) <input checked="" type="checkbox"/> Abstract of the Disclosure (1 page) 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 9] 4. Oath or Declaration <input type="checkbox"/> unsigned [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of ___ pages of microfiche containing ___ frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) ___ pages 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney (combined when there is an ___ with Patent Declaration above.) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) (___ pages) <input type="checkbox"/> ___ Copies of IDS Citations/References & <input type="checkbox"/> PTO Form 1449 (___ page) 12. <input type="checkbox"/> Preliminary Amendment ___ pages 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed ___ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Check. <input checked="" type="checkbox"/> Please cancel claims 2-45.										
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. <u>09/991,038</u> Filed on <u>11/21/2001</u> , entitled: <u>Refractive-Diffractive Spectrometer</u> . PRIOR APPLICATION INFORMATION: Examiner <u>Kara E. Geisel</u> Group Art Unit <u>2877</u>												
18. CORRESPONDENCE ADDRESS												
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 36257 or <input checked="" type="checkbox"/> Correspondence address below												
<table style="width: 100%;"> <tr> <td style="width: 50%;">Name James S. Huse</td> <td style="width: 50%;">Reg. No. 29,545</td> </tr> <tr> <td>Attorneys for Applicant Parsons Hsue & de Runtz LLP</td> <td></td> </tr> <tr> <td>Address 655 Montgomery Street, Suite 1800</td> <td></td> </tr> <tr> <td>City San Francisco State CA Zip Code 94111</td> <td></td> </tr> <tr> <td>Country: United States Telephone (415) 318-1160 Fax (415) 693-0194</td> <td></td> </tr> </table>			Name James S. Huse	Reg. No. 29,545	Attorneys for Applicant Parsons Hsue & de Runtz LLP		Address 655 Montgomery Street, Suite 1800		City San Francisco State CA Zip Code 94111		Country: United States Telephone (415) 318-1160 Fax (415) 693-0194	
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11/25/03



19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	1-20	=	0	x	\$18	=	\$	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3	=	0	x	\$86	=	\$	
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))					+	\$280.00	=	
BASIC FEE (37 CFR 1.16(a))								=	\$ 770.00
Total of above Calculations								=	\$770.00
Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).								=	
TOTAL								=	\$385.00

20. FEES:

☒ A check is enclosed for \$385.00.

The Commissioner is hereby authorized to credit overpayments or charge any additional fees required to Deposit Account No. 502664:

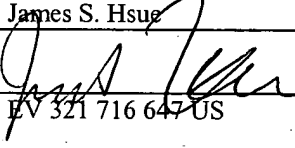
21. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		36257		<input checked="" type="checkbox"/> New correspondence address below	
NAME	James S. Huse, Parsons Hsue & de Runtz LLP				
ADDRESS	655 Montgomery Street, Suite 1800				
CITY	San Francisco	STATE	California	ZIP CODE	94111
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23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Parsons Hsue & de Runtz LLP 655 Montgomery Street, Suite 1800 San Francisco, CA 94111 Tel. (415) 318-1160 Fax. (415) 693-0194	
Date:	November 25, 2003
Name	James S. Hsue Reg. No. 29,545
Signature	
Express Mail Label No.	EV 321 716 647 US